HCV Telehealth Training Program

Challenges and benefits of integrating hepatitis C care into a primary care setting

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Southern Central AIDS Education Telehealth Training Center

SCAETTC

Learning objectives

- To understand the need for more HCV providers
- To understand the challenges and benefits of implementing a telehealth model of care for HCV in a primary care setting
- To review and understand a telehealth training model in HCV care: SCAETTC
- To review the implementation process of SCAETTC

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Interferonologists

Headaches

Depression

Flu like symptoms

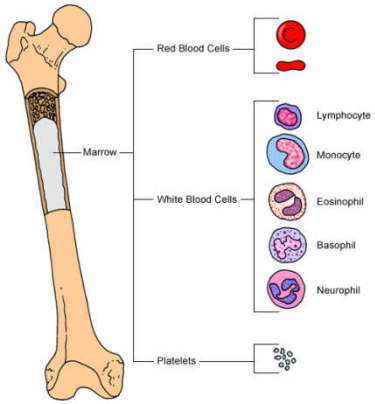
Myalgia Arthralgia

Interferonologists

Increased Irritability

Thyroiditis

Bone marrow suppression



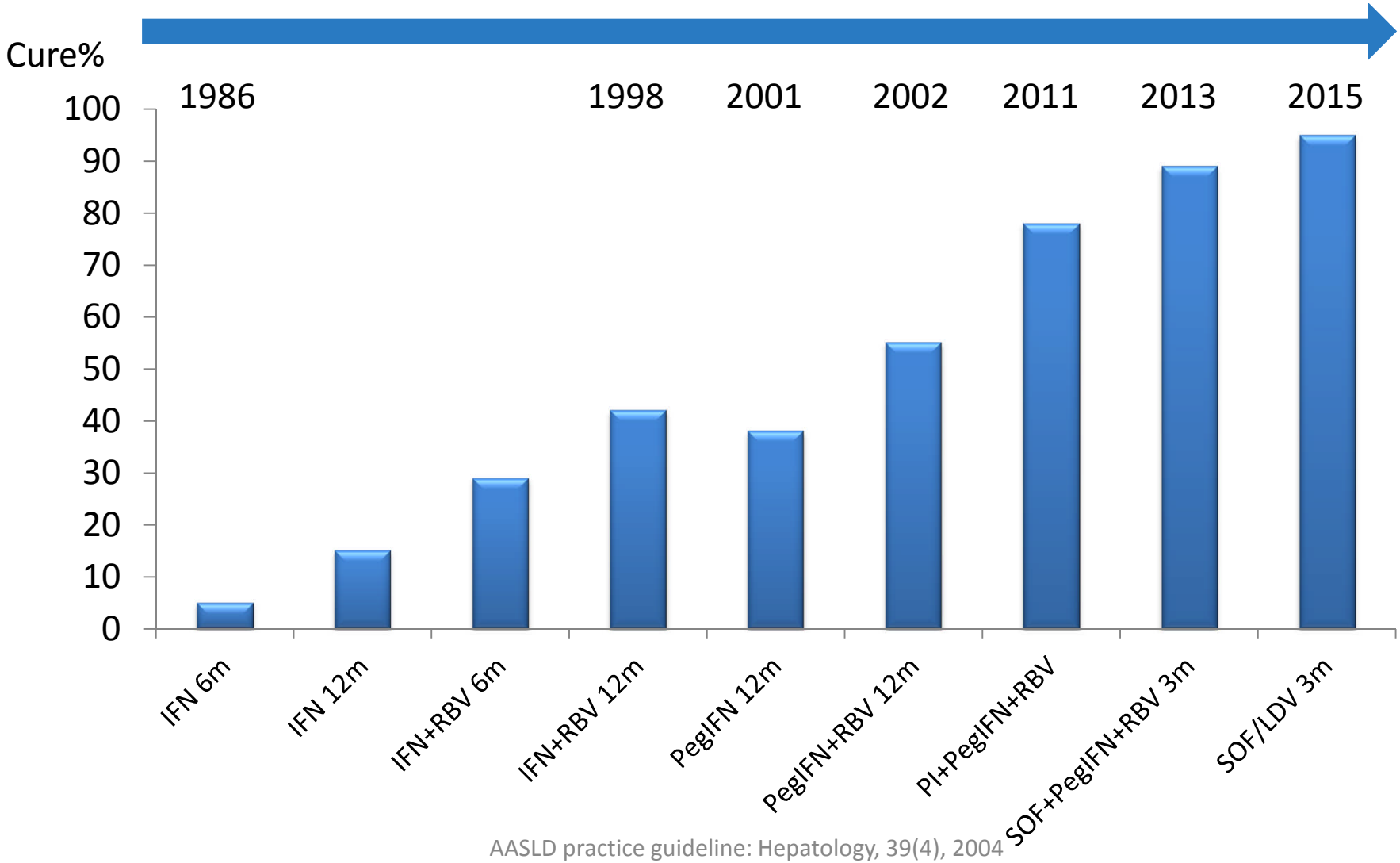
Poor appetite

First DAA in 2011

Serious skin rash and more anemia

The second wave in 2013

Milestones in HCV therapy



AASLD practice guideline: Hepatology, 39(4), 2004

2014/2015

	DAA	Ribavirin
Genotype 1		
		
Genotype 2		
Genotype 3		

A silver bullet for HCV

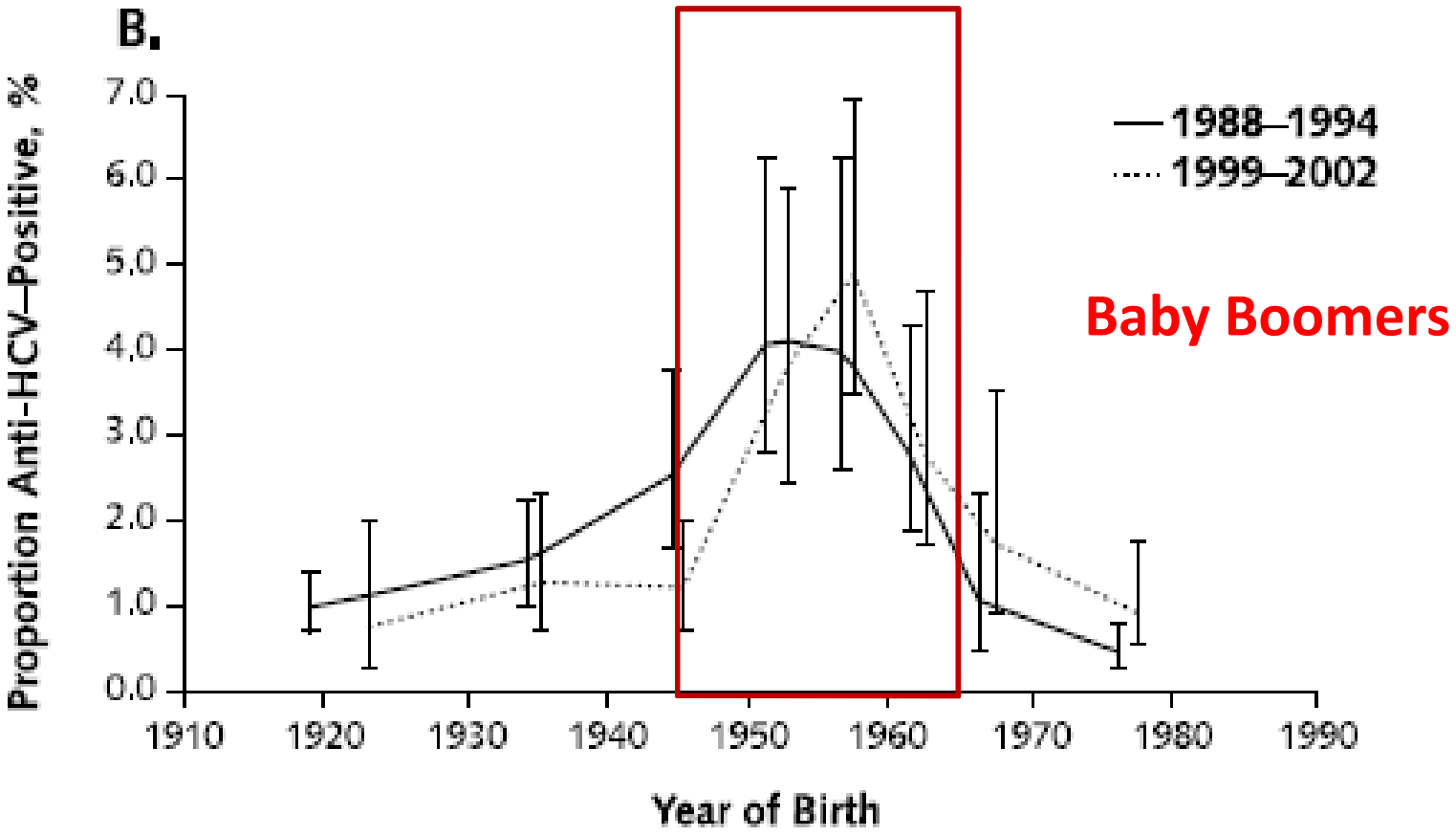
WHY SHOULD PRIMARY CARE PROVIDERS LEARN ABOUT HCV?

The Need

2.7-3.9 million Americans are infected with HCV

MMWR, 2012; 61(4): 1-32

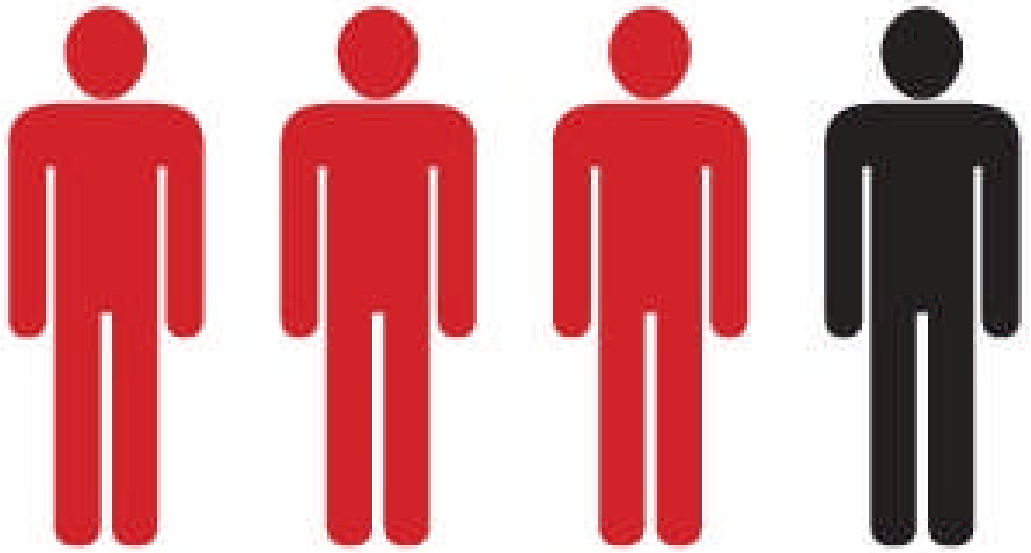
Prevalence of HCV by year of birth



Ann Int Med 2006; 144(10):705-14

Current risk based testing is not working

#1 Increase Screening Rates



75% ARE UNDIAGNOSED

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 61 / No. 4
August 17, 2012

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965

CDC Recommendations

- Testing

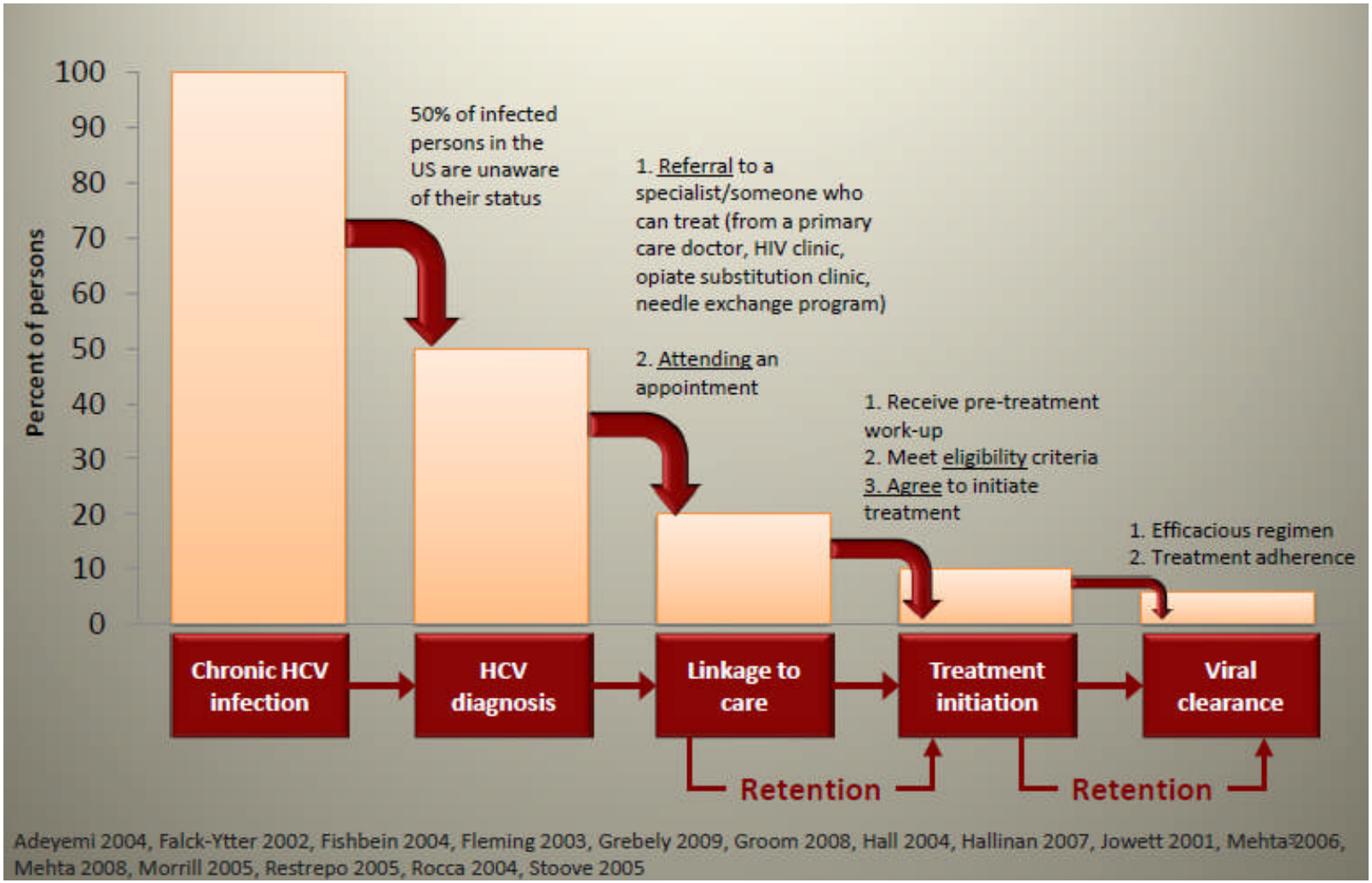
  Adults born during 1945 to 1965 should receive one time testing for HCV without prior ascertainment of HCV risk

- Linkage to Care

  All persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HCV infection and related conditions as indicated

MMWR 2012; 61(4): 1-32

80% of patients never make it to the specialist



Multiple barriers

A. Structural

- Not enough specialists
- Insufficient staffing: case managers and social workers
- Lack of integrated care models
- Limited reimbursement for HCV care
- High proportion of uninsured

Multiple Barriers

B. Providers

- Lack of knowledge and experience
- Concerns about drug use and risk of reinfection

C. Patients

- Lack of symptoms
- Lack of knowledge/fears about treatment
- Unstable: substance use, lack of social support, housing, and income
- Lack of access to substance abuse treatment program

Multiple barriers

A. Structural

- Not enough specialists Primary Care Providers
- Insufficient staffing: case managers and social workers
  Much less resource intensive
- Lack of integrated care models Telehealth
- Limited reimbursement for HCV care
- High proportion of uninsured Affordable Care Act

Multiple Barriers

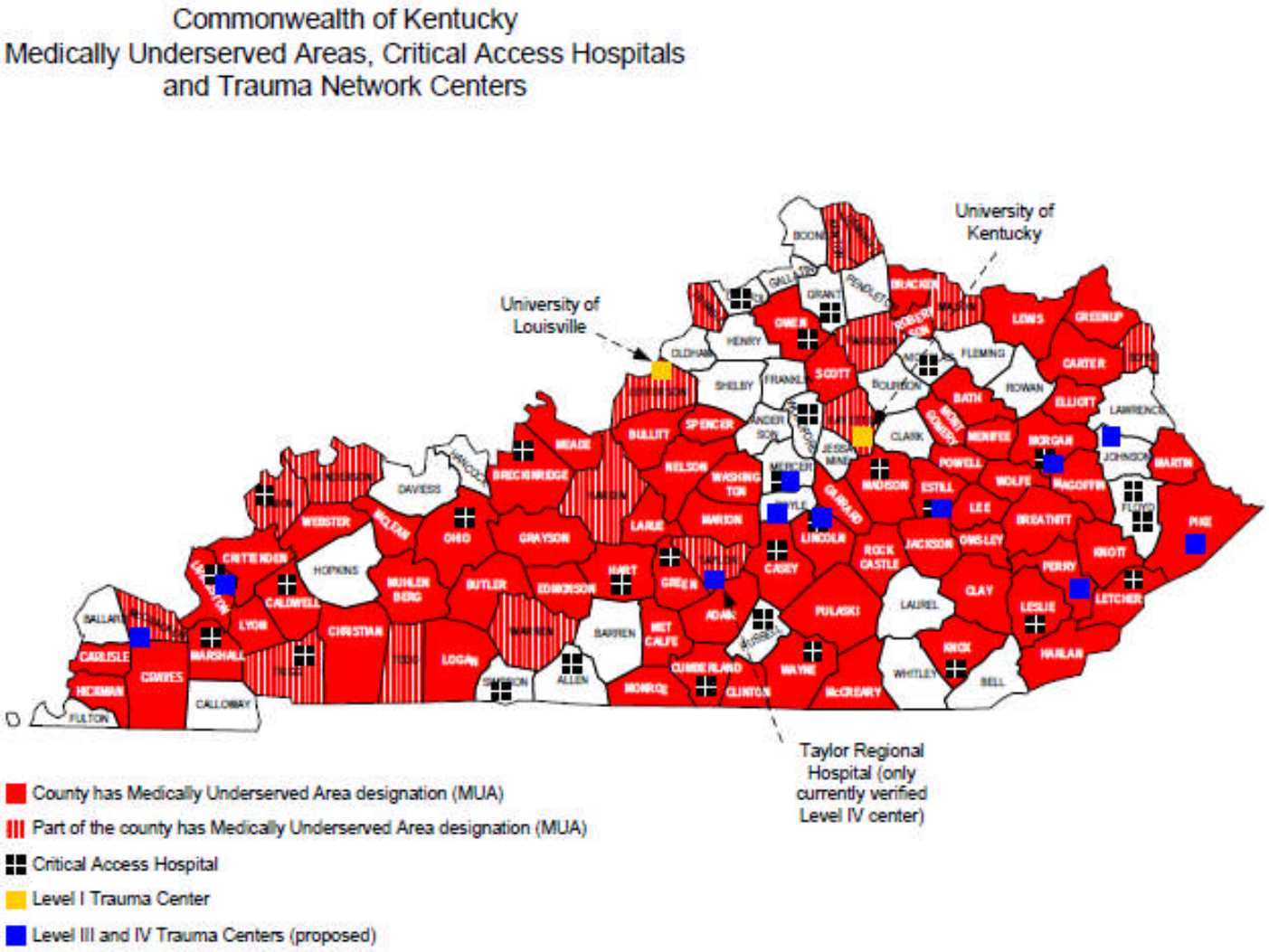
B. Providers

- Lack of knowledge and experience simple nontoxic highly effective regimens
- Concerns about drug use and risk of reinfection

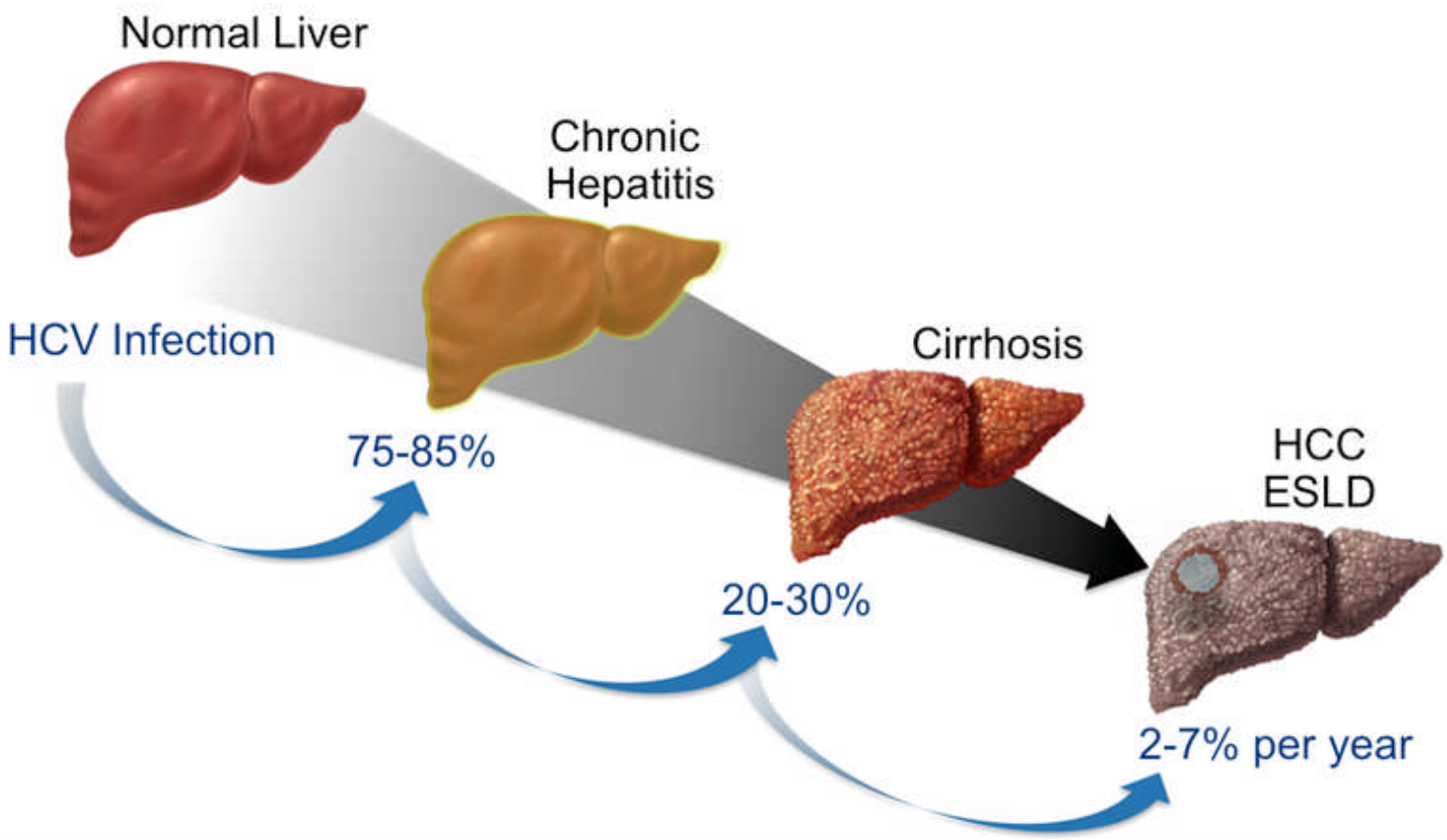
C. Patients

- Lack of symptoms
- Lack of knowledge/fears about treatment well tolerated therapy
- Unstable: substance use, lack of social support, housing, and income less relevant
- Lack of access to substance abuse treatment program

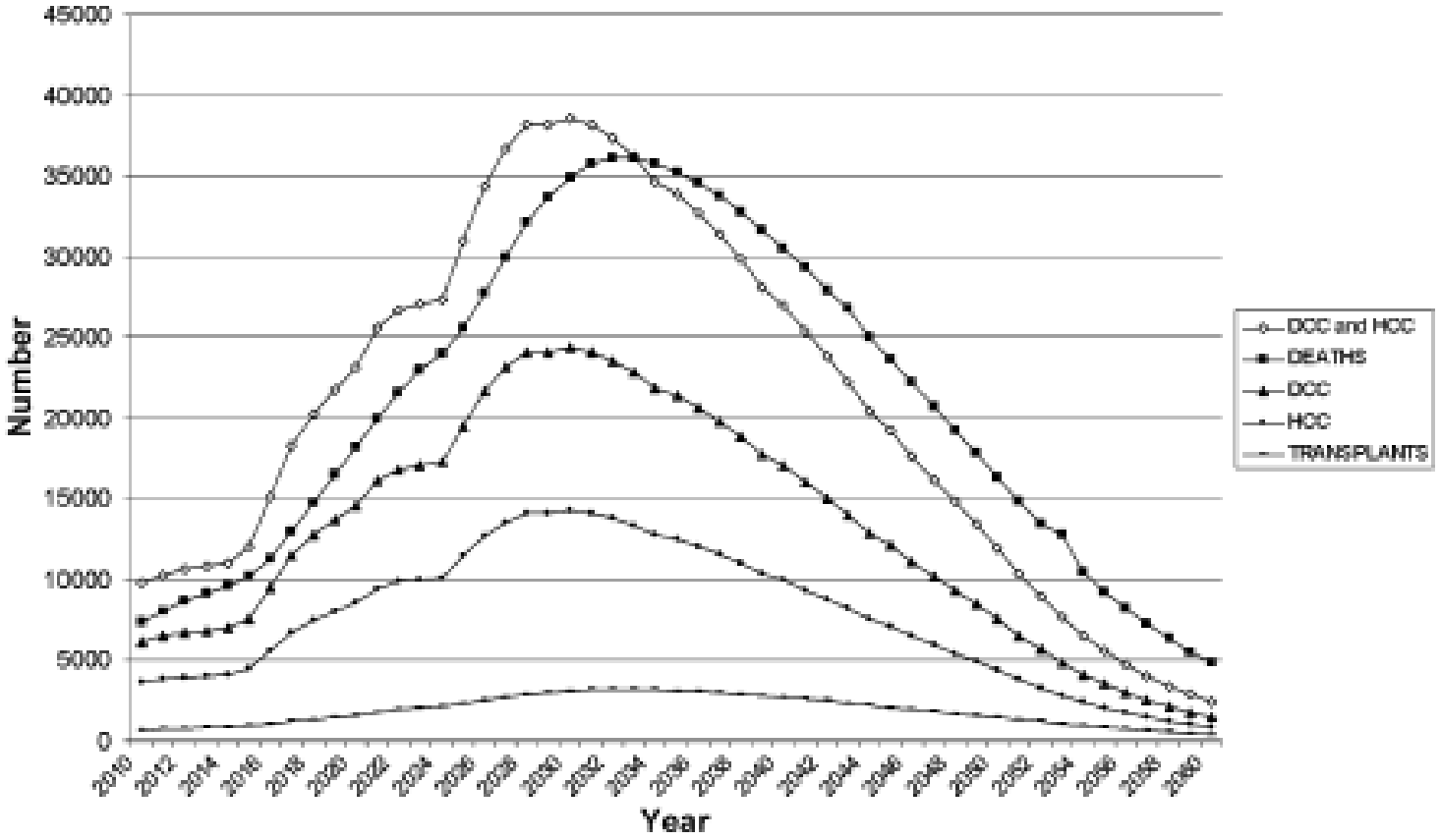
#2 Increase access to treatment options for underserved patients



Natural history of HCV



The peak of the impact is in 2030



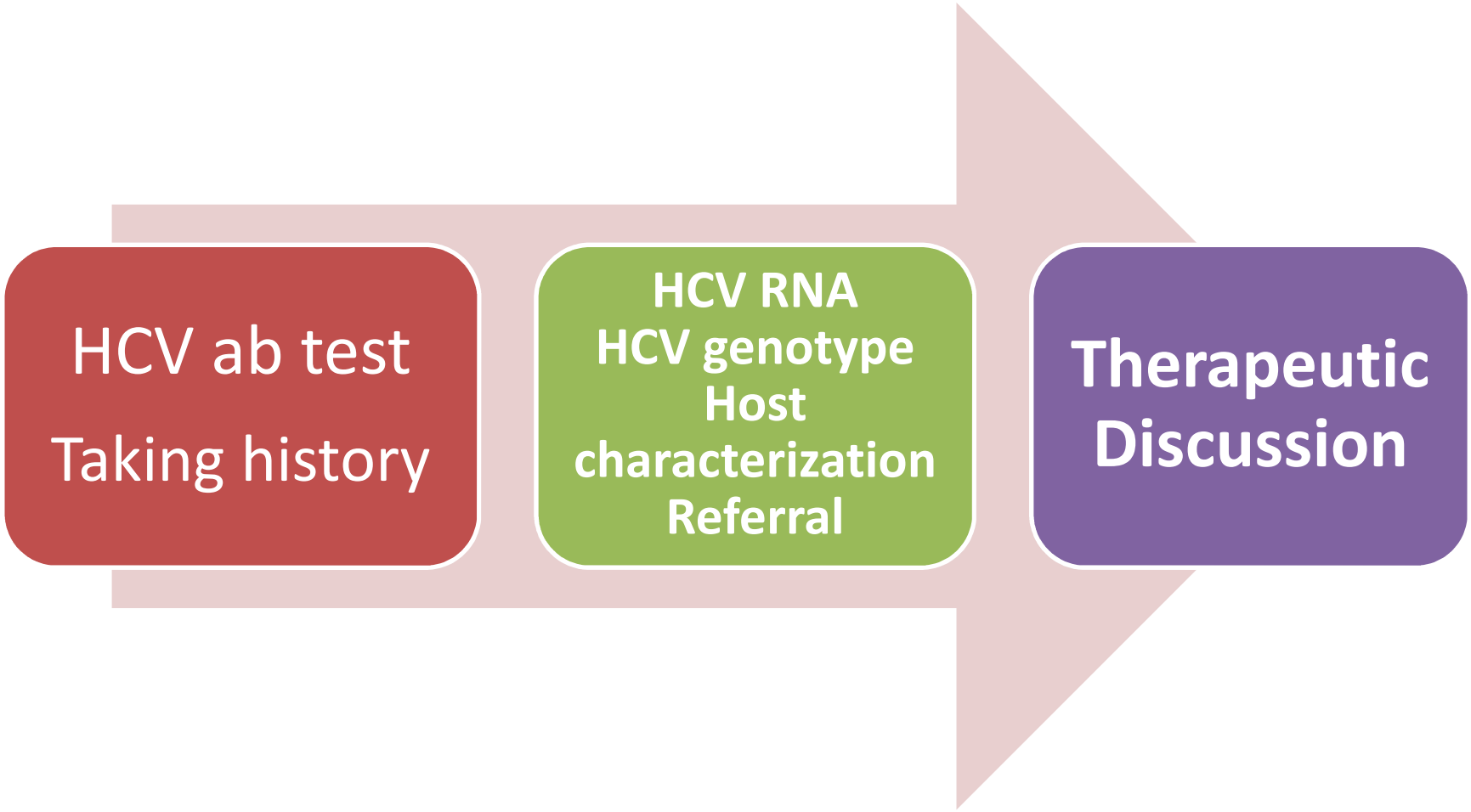
Digestive and Liver Disease 2011;43:66-72

Past

Multiple (2 or 3) visits were required before making a therapeutic decision

- ✓ HCV RNA levels
- ✓ HCV genotype
- ✓ Screening for Hepatitis A, B, and HIV
- ✓ Staging
- ✓ IL28B genotype
- ✓ Referral to psychiatry and ophthalmology
- ✓ autoimmune diseases, DM, cardio-pulmonary condition

It took a very committed patient to make it from screening to initiation of therapy



Late 2014/2015

We need to assess

- ✓Presence of HCV RNA
- ✓HCV genotype
- ✓Assess cirrhosis (biomarkers, cbc, US)
- ✓Screening for viral hepatitis and HIV
- ✓Hb/Hct, if ribavirin used

2016?

We need to assess

- ✓Presence of HCV RNA
- ✓Assess cirrhosis (biomarkers, cbc, US)
- ✓Screening for viral hepatitis and HIV

#3 Cost effective care

- Rural patients can stay in their local communities and not travel long distances
- Patients can be diagnosed and treated earlier: improved outcomes and prevention of costly complications

Project ECHO

- 28,000 HCV in New Mexico
- In 2004, 6 months waiting for HCV clinic at the UNM
- Patients had to travel up to 250 miles

NEJM 2011:364(23):2199-2207

Method

- Use technology: video conference and internet
- Focus on improving outcome
  - Sharing best practices
- Case-based learning: co-management with specialists (learning by doing)

ECHO Whale


PCA Espanola


Baton Rouge


Pecos Valley MC


DOH Las Cruces


SBRT-First Choice South Vc


Memorial HDX7000


LAS VEGAS ECFH

Results

Table 2. Sustained Virologic Response According to Genotype and Site of Treatment.*

HCV Genotype	ECHO Sites	UNM HCV Clinic	Difference between ECHO Sites and UNM HCV Clinic	P Value
	no. of patients with response/total no. (%)		*percentage points (95% CI)*	
All genotypes	152/261 (58.2)	84/146 (57.5)	0.7 (–9.2 to 10.7)	0.89
Genotype 1	73/147 (49.7)	38/83 (45.8)	3.9 (–9.5 to 17.0)	0.57
Genotype 2 or 3	78/112 (69.6)	42/59 (71.2)	–1.5 (–15.2 to 13.3)	0.83

NEJM 2011:364(23):2199-2207

Integrated Primary Care Model

- Advantages
  - One stop shopping
  - Improving link-to-care (they are already linked)
  - No need for on-site expensive specialists
  - Increased trust helps patient be adherent to Rx

Integrated Primary Care Model

- Disadvantages
  - The workload is high
  - Specialists' backup may be needed to answer questions

Southern Central AIDS Education Telehealth Training Center

SCAETTC

A HRSA-funded program that is administered by the University of Kentucky, Division of Infectious Diseases

Mission

To expand access to care and improve the health care outcomes of hard-to-reach individuals infected with HIV in Kentucky and beyond

SCAETTC integrates a team of experts in the fields of HIV, HCV, HBV, and Behavioral Health to provide you with education and teleconsultation

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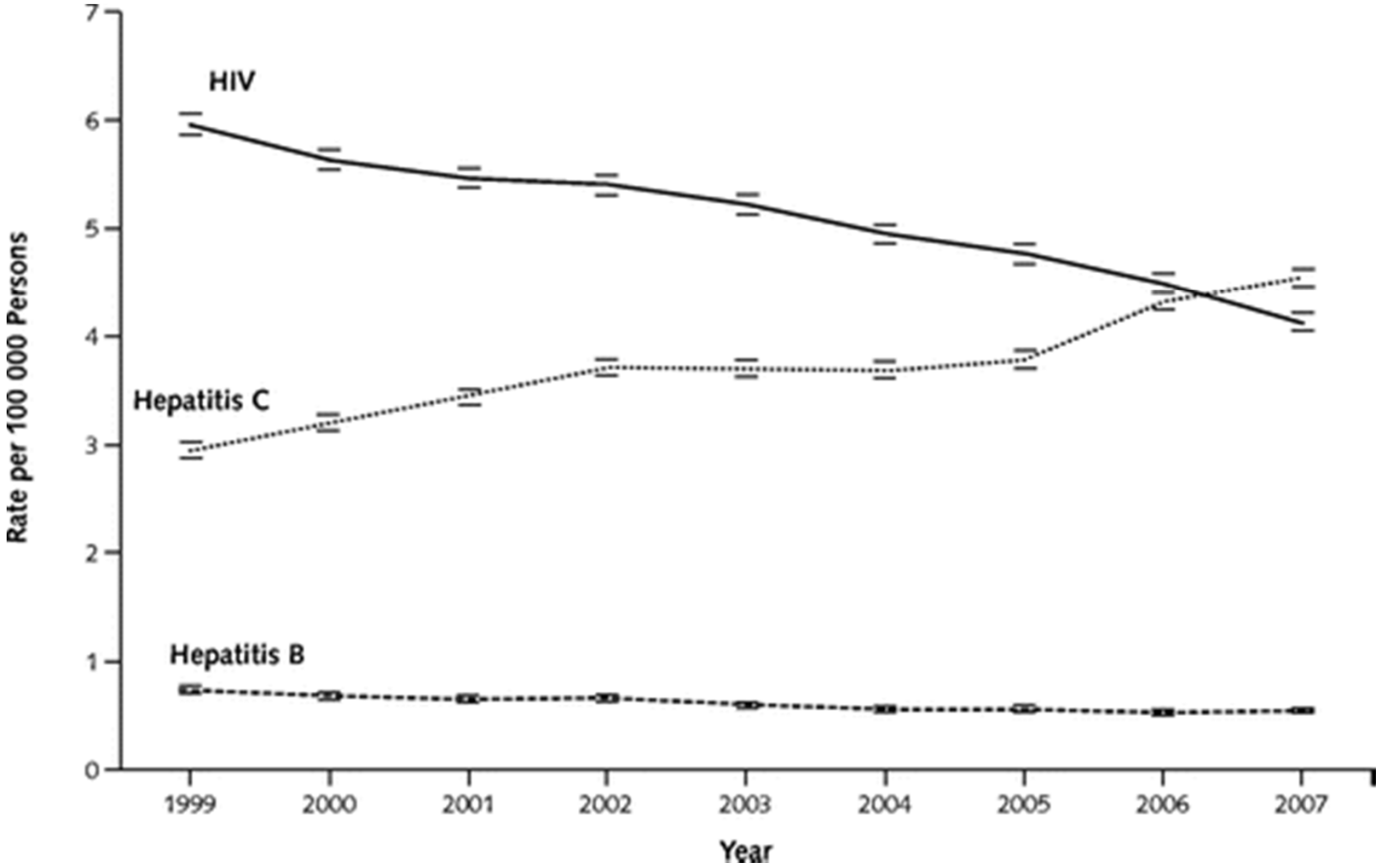
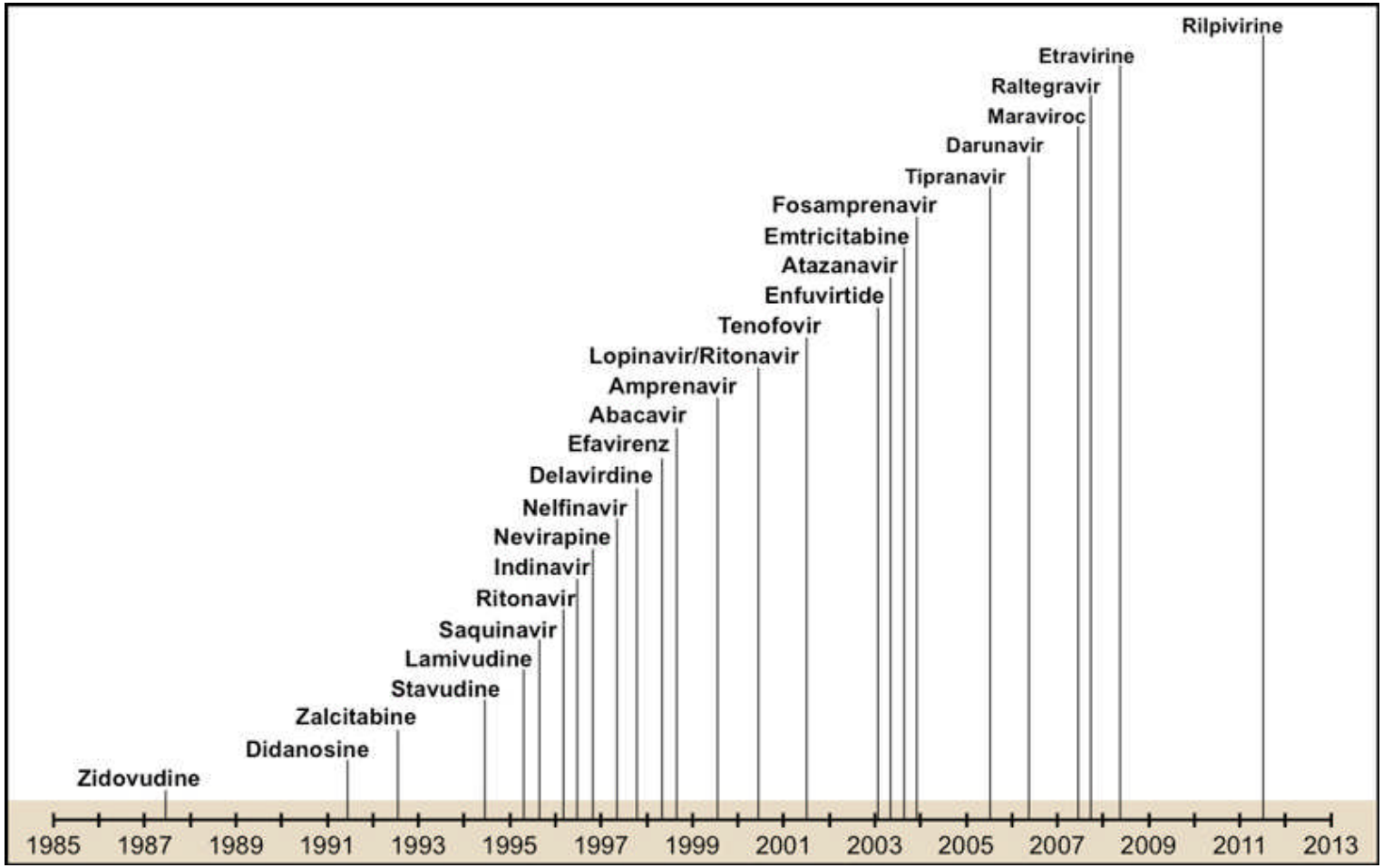
HCV death rates exceed HIV



Annals Internal Medicine, 2012; 156:271-278

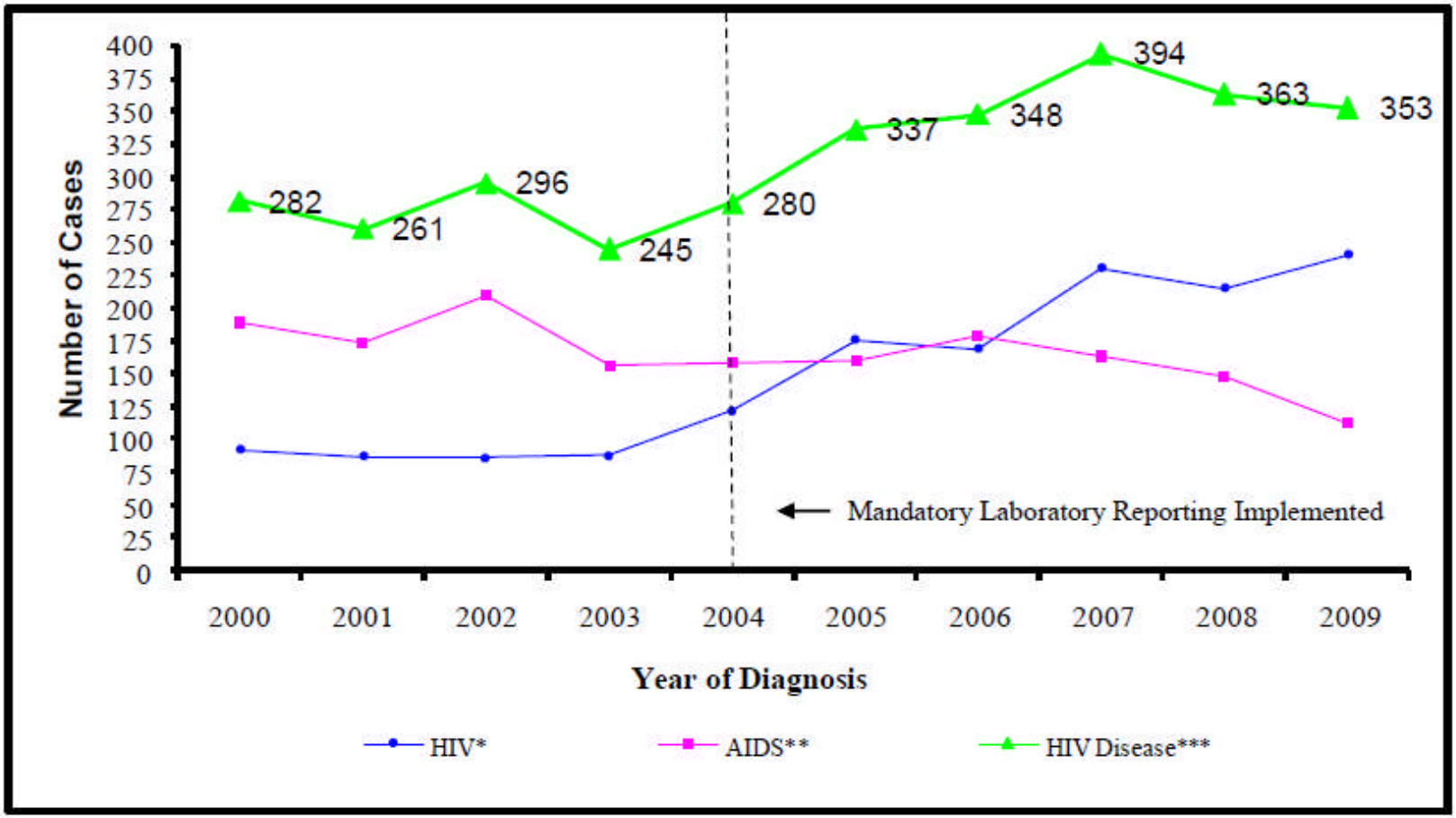
Milestones in HIV therapy



http://depts.washington.edu/hivaids/arvrx/case2/discussion.html

Single-pill HIV regimens

New HIV diagnosis in KY



How we do

Live distant learning sessions

15-20 min focused topic lecture

A variety of topics

- Case presentations by learners/ instructor for consultation and discussion
- 15-25 min
- Learn from real cases
- Learn from others
- Co-management
  - Learning by doing

Topics

- HIV epidemiology and testing
- Care to newly diagnosed HIV+ patient
- Antiretroviral therapy
- Hepatitis C basis
- Hepatitis C treatment
- Hepatitis C management of adverse effects
- Mental health
- Illicit drug use
- Motivational interview
  - Improve adherence
  - Drug addiction
- Hepatitis B
- STD and management
- Metabolic complications

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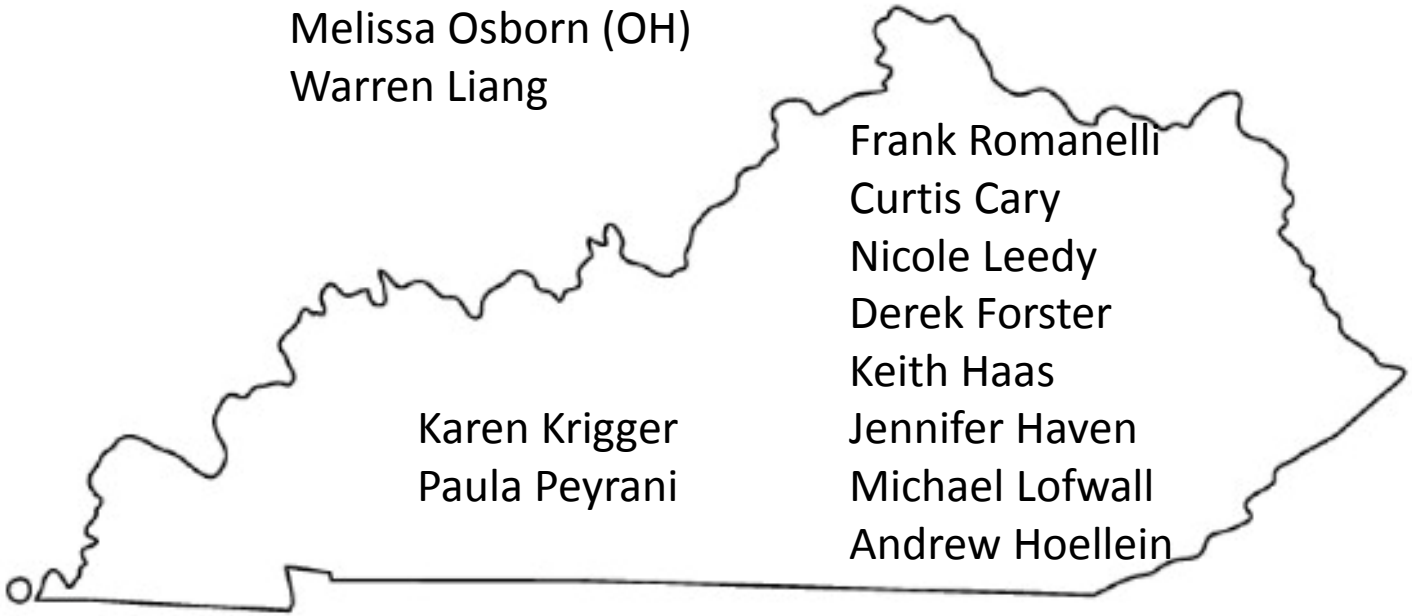
SCAETTC Speakers



Melissa Osborn (OH)
Warren Liang

Frank Romanelli
Curtis Cary
Nicole Leedy
Derek Forster
Keith Haas
Jennifer Haven
Michael Lofwall
Andrew Hoellein

Karen Krigger
Paula Peyrani

Stephen Raffanti (TN)
Lamis Ibrahim
Jonathan Moorman

James Sacco (GA)

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SCAETTC Participants

Benefits

- No cost CEUs for MD, PA, NP, pharmacy, dentist
- Professional interactions with colleagues with similar interests
  - Less isolated, improve recruitment and retention
- Easier access to consultation with infectious diseases, hepatologist, pharmacy, psychologist, other subspecialists, SW
- Equipment for distance learning

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Virtual Clinic

- 1 preceptor- 1 preceptee
- Real clinic observation and hands-on experience
- Co-management

Telehealth Training Process

Increase knowledge and co-manage with experts

Identify patient

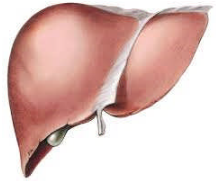
Manage patient

HCV care in future

Primary Care Providers

- Test HCV
- Manage easy-to-treat population by themselves
- Co-manage more complex patients with experts

Specialists



- Treat complex patients
- Determine an indication, initiate treatment, and refer back to PCP (a shared-care model)
- Surveillance and management of cirrhotic patients

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THANK YOU